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			-	₹ù	l 8k	(Signature)
			L	2-4-2010		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/772,502 TITLE OF INVENTION	02/05/2004 N: POLYVINYLETHER:	S FOR DELIVERY OF F	David B. Rozema OLYNUCLEOTIDES TO	MAMMALIAN CELLS	25776 USI	5669
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	04/05/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
EPPS -SMITH, JANET L		1633	424-450000	-		
Change of correspondence address or indication of "Fee Address" (3 CFR 1.53).   Change of correspondence address for Change of Correspondence Address from PTOSB122 statched.   Fee Address Findication (or "Fee Address" Indication form PTOSB128 and 1.54 correction attached. Use of a Custom Number is required.   ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF The PTOSB127 and PTOSB127 states and PTOSB127 states are not present the property of the PTOSB127 states and PTOSB127 states are not present the property of the PTOSB127 states are not present the present the property of the PTOSB127 states are not present the PTOSB127 states and PTOSB127 states are not present the PTOSB127 states are not present t						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CPT 3.11. Completion of this form is NOT a substitute for filing an assignment in filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Roche Madison Inc.						
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🖾 Corpora	ation or other private grou	p entity Government
4a. The following fee(s)  ☑ Issue Fce  ☑ Publication Fee (N  ☐ Advance Order -	lo small entity discount p		th. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Depoid Account Number (enclose an extra copy of this form).			
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